**Notice of Exempt** Offering of Securities

#### **U.S. Securities and Exchange Commission**

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL OMB Number: 3235-0076 Expires: March 31, 2009 Estimated average burden hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Name of Issuer	Previous Name(s)	X None	Entity Type (Select one)
Envy Publications Inc.			X Corporation
Jurisdiction of Incorporation/Organization		1111111111111111111111	Limited Partnership Limited Liability Company
Texas			General Partnership
	090049	82	Business Trust
/ear of Incorporation/Organization (Select one)		]	Other (Specify)
Over Five Years Ago Within Last Five Years	Yet to Be Fo	rmed	
(specify year)	005		
more than one issuer is filing this notice, check thi	box and identify addition	nal issuer(s) by attaching	Items 1 and 2 Continuation Page(s).)
em 2. Principal Place of Business and C	ontact Information		
Street Address 1	Street	Address 2	
3030 Olive Street, Suite 240			
City State	Province/Country ZIP/Po	stal Code	Phone No.
Dallas TX	7521	9 [	214-763-5760
m 3. Related Persons		<del></del>	
ast Name	First Name		Middle Name
Long	Shane		
treet Address 1	L	Address 2	PDOOTE
<del></del>			FRUCESSED
3030 Olive Street, Suite 240			MAR 2 0 coco
<del></del>		stal Code	THONSON REUTERS
Dalias	75219	<u>-</u>	THOMSON PEUTEDS '
elationship(s): X Executive Officer X Dire	tor Promoter	_	OH KLOIEKS
larification of Response (if Necessary) Presiden	/Director		
(Identify addi	ional related persons by chec	kina this box 🔀 and att	aching Item 3 Continuation Page(s). )
m 4. Industry Group (Select one)			
) Agriculture	Business Service	es	Construction
Banking and Financial Services	Energy		REITS & Finance
Commercial Banking Insurance	Electric Utilities		Residential SEG Chail Cha
Insurance Investing	Energy Consen	/ation	Other Real Estate SEE Mail Fire
	Environmental	Services O	Retailing Section
<u> </u>		Jei vices —	Destaurants
Investment Banking	0	0	Restaurants MAD 12 G
Investment Banking Pooled Investment Fund	Oil & Gas	~	Technology MAK 0.5 X
Investment Banking	Oil & Gas  Other Energy	~	Technology  Computers  Vyashingto
Investment Banking Pooled Investment Fund If selecting this industry group, also select one fu	Oil & Gas Other Energy Health Care	~	Technology Ocomputers VVashington 111
Investment Banking Pooled investment Fund If selecting this industry group, also select one fu type below and answer the question below:	Oil & Gas Other Energy Health Care Biotechnology		Technology  Computers  Telecommunications  Order  VVasningto
Investment Banking Pooled investment Fund If selecting this industry group, also select one fu type below and answer the question below: Hedge Fund	Oil & Gas Other Energy Health Care Biotechnology Health Insurance	e	Technology Computers VVashingto Other Technology  Travel
Investment Banking Pooled Investment Fund If selecting this industry group, also select one fu type below and answer the question below: Hedge Fund Private Equity Fund	Oil & Gas Other Energy Health Care Biotechnology Health Insuranc	e scians	Technology Computers VVashingto Other Technology
Investment Banking Pooled Investment Fund If selecting this industry group, also select one fu type below and answer the question below: Hedge Fund Private Equity Fund Venture Capital Fund Other Investment Fund Is the issuer registered as an investment	Oil & Gas  Other Energy  Health Care  Biotechnology  Health Insuranc  Hospitals & Phy	e scians	Technology  Computers  Telecommunications Other Technology  Travel Airlines & Airports Lodging & Conventions
Investment Banking Pooled Investment Fund If selecting this Industry group, also select one fu type below and answer the question below: Hedge Fund Private Equity Fund Venture Capital Fund Other Investment Fund Is the issuer registered as an investment company under the Investment Company	Oil & Gas  Other Energy  Health Care  Biotechnology  Health Insuranc  Hospitals & Phys  Pharmaceuticals	e scians	Technology Computers Telecommunications Other Technology  Travel Airlines & Airports Lodging & Conventions Tourism & Travel Services
Investment Banking Pooled Investment Fund If selecting this industry group, also select one fu type below and answer the question below: Hedge Fund Private Equity Fund Venture Capital Fund Other Investment Fund Is the issuer registered as an investment	Oil & Gas  Other Energy  Health Care  Biotechnology  Health Insuranc  Hospitals & Phy  Pharmaceuticals  Other Health Ca	e scians	Technology  Computers  Telecommunications Other Technology  Travel Airlines & Airports Lodging & Conventions

## FORM D

# $\hbox{ U.S. Securities and Exchange Commission}\\$

Washington, DC 20549

Item 5. Issuer Size (Select one)		
Revenue Range (for issuer not specifying "hedge or "other investment" fund in Item 4 above)	<b>,"</b>	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)
No Revenues \$1 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$100,000,000 Over \$100,000,000 Decline to Disclose	OR	No Aggregate Net Asset Value \$1 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$50,000,001 - \$100,000,000 Over \$100,000,000 Decline to Disclose
<ul> <li>Not Applicable</li> </ul> Item 6. Federal Exemptions and Exclusions C	laimed (Se	Not Applicable
Rule 504(b)(1) (not (i), (ii) or (iii))  Rule 504(b)(1)(i)  Rule 504(b)(1)(ii)  Rule 504(b)(1)(iii)  Rule 505  Rule 506  Securities Act Section 4(6)  em 7. Type of Filing  New Notice  OR  Amendment of First Sale in this Offering:  Does the issuer intend this offering to last more that	OR 🗆	c)(2) Section 3(c)(10) c)(3) Section 3(c)(11) c)(4) Section 3(c)(12) c)(5) Section 3(c)(13) c)(6) Section 3(c)(14)
_	t all that appl	
Debt Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	☐ Tenant	Investment Fund Interests  -in-Common Securities I Property Securities Describe)
em 10. Business Combination Transaction  Is this offering being made in connection with a busi		on ∏ Yes X No
transaction, such as a merger, acquisition or exchange off Clarification of Response (if Necessary)	fer?	
		·

# FORM D

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ttem 11. Winimum investment					
Minimum investment accepted from any	outside investor \$	none			
Item 12. Sales Compensation					
Recipient		Recipient CRD Number			
none				☐ No CRD Number	
(Associated) Broker or Dealer N	one	(Associated) Broker or Dea	er CRD Nu	mber	
none				☐ No CRD Number	
Street Address 1		Street Address 2			_
L					╛
City	State/Province/	Country ZIP/Postal Code	<u> </u>		
		} \			
States of Solicitation All States					
		STATE OF THE SECOND			
☐ IL ☐ IN ☐ IA ☐ KS		ME MD MA	☐ MI	MN MS MC	
RI SC SD TN		VT VA WA	□w	□WI □WY □PR	
		<u> </u>	and attach	ning Item 12 Continuation Page	<b>≥(s)</b> .
Item 13. Offering and Sales Amo		· -			
\$	120,000.00				
(a) Total Offering Amount	ļ		OR	indefinite indefinite	
(b) Total Amount Sold \$	120,000.00				
(c) Total Remaining to be Sold (Subtract (a) from (b))	-0-		OR	Indefinite	
Clarification of Response (if Necessary)					
	<del></del>	<del></del>			
				Ì	
Item 14. Investors	<del></del>				
Check this box if securities in the offering			alify as acc	credited investors, and enter th	1e
number of such non-accredited investors w	ho already have invested	in the offering:			
		- <del>-</del>			
Enter the total number of investors who all	ready have invested in the	offering: 6			
Item 15. Sales Commissions and	Finders' Fees Exp	enses			
Provide separately the amounts of sales cor check the box next to the amount.	nmissions and finders' fee	es expenses, if any, if an am	ount is not	t known, provide an estimate a	ınd
	Sa	les Commissions \$ -	 0-	Estimate	
Clarification of Response (if Necessary)		Finders' Fees \$	0-	Estimate	
		<del></del>			
L					

## FORM D

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Item 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or i used for payments to any of the persons required to be named as endirectors or promoters in response to item 3 above. If the amount is unknestimate and check the box next to the amount.	xecutive officers, \$
Clarification of Response (if Necessary)	
Signature and Submission	
Please verify the information you have entered and review the T	erms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each ide	entified issuer is:
the State in which the Issuer maintains its principal place of bus process, and agreeing that these persons may accept service or such service may be made by registered or certified mail, in any against the issuer in any place subject to the jurisdiction of the lactivity in connection with the offering of securities that is the sprovisions of: (I) the Securities Act of 1933, the Securities Exchar Company Act of 1940, or the Investment Advisers Act of 1940, or State in which the issuer maintains its principal place of business	C and the Securities Administrator or other legally designated officer of cliness and any State in which this notice is filed, as its agents for service of a its behalf, of any notice, process or pleading, and further agreeing that rederal or state action, administrative proceeding, or arbitration brought United States, if the action, proceeding or arbitration (a) arises out of any subject of this notice, and (b) is founded, directly or indirectly, upon the age Act of 1934, the Trust Indenture Act of 1939, the investment or any rule or regulation under any of these statutes; or (ii) the laws of the
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require "covered securities" for purposes of NSMIA, whether in all instances or croutinely require offering materials under this undertaking or otherwise so under NSMIA's preservation of their anti-fraud authority.  Each identified Issuer has read this notice, knows the contents to	chal Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, e Information. As a result, if the securities that are the subject of this Form D are due to the nature of the offering that is the subject of this Form D, States cannot e and can require offering materials only to the extent NSMIA permits them to do to be true, and has duly caused this notice to be signed on its behalf by the
undersigned duly authorized person. (Check this box and a in Item 1 above but not represented by signer below.)	attach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signer
ENVY PUBLICATIONS INC.	Shane Long
Signature	Title
1/1/19	President
Number of continuation pages attached:	3/4/2009

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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#### Item 3 Continuation Page

Last Name	First Name		Middle Name
Lusk	Ron	<del></del>	
Street Address 1		Street Address 2	
3030 Olive Street, Suite 240			
City	State/Province/Country	ZIP/Postal Code	
Dallas		75219	
Relationship(s): X Executive Office	er 🛛 Director 🔲 Promoter		
Clarification of Response (if Necessary)	Secretary/Director	<u> </u>	
Last Name	First Name		Middle Name
Schlegel	Kirby	<del></del>	
Street Address 1		Street Address 2	
3030 Olive Street, Suite 240			
City	State/Province/Country	ZIP/Postal Code	
Dallas	TX	75219	
Relationship(s): X Executive Office	r X Director Promoter		
	Chairman of the Board/D	irector	
Clarification of Response (if Necessary)	Chairman of the Board/D	irector	
Clarification of Response (if Necessary)	Chairman of the Board/D	irector	
	Chairman of the Board/D	irector	Middle Name
Clarification of Response (if Necessary)  Last Name  Matthews			Middle Name
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1	First Name	Street Address 2	Middle Name
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240	First Name  Jeff	Street Address 2	Middle Name
Clarification of Response (if Necessary)  Last Name  Matthews	First Name	Street Address 2 ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240	First Name  Jeff	Street Address 2	Middle Name
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240  City  Dallas	First Name  Jeff  State/Province/Country  TX	Street Address 2 ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240  City  Dallas  telationship(s): X Executive Officer	First Name  Jeff  State/Province/Country  TX	Street Address 2 ZiP/Postal Code 75219	Middle Name
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240  City  Dallas  telationship(s): X Executive Officer	First Name  Jeff  State/Province/Country  TX  TX  Promoter	Street Address 2 ZiP/Postal Code 75219	Middle Name
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240  City  Dallas  Relationship(s): X Executive Office:  Clarification of Response (if Necessary)	First Name  Jeff  State/Province/Country  TX  TX  Promoter  Chief Financial Officer/D	Street Address 2 ZiP/Postal Code 75219	Middle Name
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240  City  Dallas  Relationship(s): X Executive Office:  Clarification of Response (if Necessary)	First Name  Jeff  State/Province/Country  TX  TX  Promoter	Street Address 2 ZiP/Postal Code 75219	
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240  City  Dallas  delationship(s): X Executive Office  Clarification of Response (if Necessary)  ast Name	First Name  Jeff  State/Province/Country  TX  TX  Promoter  Chief Financial Officer/D	Street Address 2 ZiP/Postal Code 75219	
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240  City  Dallas  Clarification of Response (if Necessary)  Last Name	First Name  Jeff  State/Province/Country  TX  TX  Promoter  Chief Financial Officer/D	Street Address 2  ZiP/Postal Code  75219	
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240  City  Dallas	First Name  Jeff  State/Province/Country  TX  TX  Promoter  Chief Financial Officer/D	Street Address 2  ZiP/Postal Code  75219	
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240  City  Dallas  Relationship(s): X Executive Office:  Clarification of Response (if Necessary)  Last Name	First Name  Jeff  State/Province/Country  TX  TX  Promoter  Chief Financial Officer/D  First Name	Street Address 2  ZIP/Postal Code  75219  Pirector  Street Address 2	
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240  City  Dallas  Relationship(s): X Executive Office:  Clarification of Response (if Necessary)  Last Name  Street Address 1	First Name  Jeff  State/Province/Country  TX  TX  Chief Financial Officer/D  First Name  State/Province/Country	Street Address 2  ZIP/Postal Code  75219  Pirector  Street Address 2	
Clarification of Response (if Necessary)  Last Name  Matthews  Street Address 1  3030 Olive Street, Suite 240  City  Dallas  delationship(s): X Executive Office:  Clarification of Response (if Necessary)  Last Name  street Address 1	First Name  Jeff  State/Province/Country  TX  TX  Chief Financial Officer/D  First Name  State/Province/Country	Street Address 2  ZIP/Postal Code  75219  Pirector  Street Address 2	